



**310-U RESERVED FOOT AND ANKLE SERVICES**

~~REVISION DATES: 10/01/10, 11/01/06, 10/01/01~~

~~INITIAL~~

~~EFFECTIVE DATE: 10/01/1994~~

**Description**

~~AHCCCS covers medically necessary foot and ankle care, including reconstructive surgeries, provided by a licensed podiatrist or other qualified licensed practitioner or physician when ordered by a member's primary care provider, attending physician or primary care practitioner, within certain limits, for eligible members. Limitations to coverage are described in this Policy.~~

**Definition**

~~Routine Foot Care—Those services performed in the absence of localized illness, injury or symptoms involving the foot are considered routine foot care. Routine foot care is considered medically necessary in very limited circumstances as described in this Policy. These services include:~~

- ~~1. The cutting or removal of corns or calluses~~
- ~~2. The trimming of nails (including mycotic nails), and~~
- ~~3. Other hygienic and preventive maintenance care in the realm of self-care (such as cleaning and soaking the feet, and the use of skin creams to maintain skin tone of both ambulatory and bedfast patients).~~

**Amount, Duration and Scope**

~~Coverage includes medically necessary foot and ankle care such as wound care and treatment of pressure ulcers. Foot and ankle care also includes fracture care, reconstructive surgeries, and limited bunionectomy services.~~

~~Routine foot care is considered medically necessary when the member has a systemic disease of sufficient severity that performance of foot care procedures by a nonprofessional person would be hazardous. Conditions that might necessitate medically necessary foot care include metabolic, neurological and peripheral vascular systemic diseases. Examples include, but are not limited to:~~

- ~~1. Arteriosclerosis obliterans (arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis)~~



- ~~2. Buerger's disease (thromboangiitis obliterans)~~
- ~~3. Chronic thrombophlebitis~~
- ~~4. Diabetes mellitus~~
- ~~5. Peripheral neuropathies involving the feet~~
- ~~6. Member receiving chemotherapy~~
- ~~7. Pernicious Anemia~~
- ~~8. Hereditary disorder, i.e., hereditary sensory radicular neuropathy, Fabry's disease~~
- ~~9. Hansen's disease or neurosyphilis~~
- ~~10. Malabsorption syndrome~~
- ~~11. Multiple sclerosis~~
- ~~12. Traumatic injury~~
- ~~13. Uremia (chronic renal disease)~~
- ~~14. Anticoagulation therapy~~

~~Treatment of a fungal (mycotic) infection is considered medically necessary foot care and is covered in the following circumstances:~~

- ~~1. A systemic condition, and~~
- ~~2. Clinical evidence of mycosis of the toenail, and~~
- ~~3. Compelling medical evidence documenting the member either:~~
  - ~~a. has a marked limitation of ambulation due to the mycosis which requires active treatment of the foot, or~~
  - ~~b. in the case of a nonambulatory member, has a condition that is likely to result in significant medical complications in the absence of such treatment.~~



**Limitations**

- ~~1. Coverage for medically necessary routine foot care must not exceed two visits per quarter or eight visits per contract year (this does not apply to Early and Periodic Screening, Diagnosis and Treatment [EPSDT] members).~~
- ~~2. Coverage of mycotic nail treatments will not exceed one bilateral mycotic nail treatment (up to ten nails) per 60 days (this does not apply to EPSDT members).~~
- ~~3. Neither general diagnoses such as arteriosclerotic heart disease, circulatory problems, vascular disease, venous insufficiency or incapacitating injuries or illnesses such as rheumatoid arthritis, CVA (stroke) or fractured hip are diagnoses under which routine foot care is covered.~~
- ~~4. Services are not covered for members 21 years of age or older, when provided by a podiatrist or podiatric surgeon.~~

Bunionectomy – Bunionectomies are covered only when the bunion is present with:

- ~~1. Overlying skin ulceration, or~~
- ~~2. Neuroma secondary to bunion (neuroma to be removed at same surgery and documented by pathology report).~~

~~Bunionectomies are not covered if the sole indications are pain and difficulty finding appropriate shoes.~~

~~Refer to Chapter 800 for prior authorization requirements for FFS providers.<sup>1</sup>~~

<sup>1</sup> Reserve policy - No need to have separate policy for this service. Remains a covered service when medically necessary.

Pursuant to stated in HB 23579. Podiatry services THAT ARE PERFORMED BY A PODIATRIST WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 7 AND ordered by a primary care physician or primary care practitioner.